

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
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24	1					
25	1					
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44						
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46						
47						
48						
49	2					
50						
TOTAL IND.	3		0		0	
TOTAL DEP.	0		0		0	
TOTAL CLAIMS	3		0		0	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51						
52		4				
53						
54		4				
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99						
100						
TOTAL IND.	3		0		0	
TOTAL DEP.	58		0		0	
TOTAL CLAIMS	61		0		0	